

## CCRB INVESTIGATIVE RECOMMENDATION

Investigator: Raquel Velasquez	Team: Team # 1	CCRB Case #: 201306396	<input type="checkbox"/> Force	<input type="checkbox"/> Discourt.	<input type="checkbox"/> U.S.
			<input checked="" type="checkbox"/> Abuse	<input type="checkbox"/> O.L.	<input type="checkbox"/> Injury
Incident Date(s) Tuesday, 07/16/2013	Location of Incident: § 87(2)(b)	Precinct: 79	18 Mo. SOL 1/16/2015	EO SOL 1/16/2015	
Date/Time CV Reported Tue, 07/16/2013 8:02 PM	CV Reported At: CCRB	How CV Reported: Call Processing System	Date/Time Received at CCRB Tue, 07/16/2013 8:02 PM		

Complainant/Victim	Type	Home Address
§ 87(2)(b)	§ 87(2)(b)	§ 87(2)(b)

Subject Officer(s)	Shield	TaxID	Command
1. POM Alexander Bobo	06146	947985	079 PCT
2. An officer			079 PCT

Officer(s)	Allegation	Investigator Recommendation
A.POM Alexander Bobo	Abuse: PO Alexander Bobo stopped § 87(2)(b)	§ 87(2)(b)
B. An officer	Abuse: An officer stopped § 87(2)(b)	§ 87(2)(b)
C.POM Alexander Bobo	Abuse: PO Alexander Bobo frisked § 87(2)(b)	§ 87(2)(b)
D. An officer	Abuse: An officer frisked § 87(2)(b)	§ 87(2)(b)

### Case Summary

On July 18, 2013, a letter was mailed to § 87(2)(b) as no phone number was provided when § 87(2)(b) filed his complaint. On the same day, a Lexis Nexis search was conducted that confirmed § 87(2)(b)'s address, provided an email address, but did not provide a phone number. On July 18 and July 30, 2013, two emails were sent to § 87(2)(b). Both emails were returned as undeliverable. On August 9, 2013, a second letter was mailed to § 87(2)(b). As of August 19, 2013, neither letter has been returned to the CCRB as undeliverable. A search of the New York City Department of Correction Inmate Locator was conducted on August 19, 2013, which confirmed that § 87(2)(b) is not incarcerated. § 87(2)(g)

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Team: \_\_\_\_\_

Investigator: \_\_\_\_\_  
Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_  
Title/Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Reviewer: \_\_\_\_\_  
Title/Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Reviewer: \_\_\_\_\_  
Title/Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_